



PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

HIV Rule Issues
Chapters 246-100 and 246-101 WAC
January 12, 2005

History of the 1988 Omnibus Bill

- Establishes Public Health practices
- Provides initial HIV/AIDS funding
- Establishes a 'regional approach'

Since 1988...

- Additional funding from state & federal HIV prevention (early 1990s—with reductions in state funds since)
- Advent and success of antiretrovirals (1996)
- Increased frequency of testing by those at risk
- Real and perceived barriers to routine testing
- HIV reporting established by SBOH (1999)
- Federal response to stable annual incidence of HIV

Status of HIV and AIDS in Washington State

- Number of HIV and AIDS cases since 1982 as of 12/31/04 **(14,824)**
- Number of known deaths **(6,055)**
- Estimated number of persons living with HIV/AIDS in WA **(11,000 -12,000)**

Impetus for Rule Review

- Washington State HIV Rule Summit Report - 2001
- Washington State HIV Prevention Study Committee Report - March 2002
- WSALPHO/AIDSNET Issue Papers – March 2003
- CDC Advancing HIV Prevention Initiative – 2003

The Response – A Joint DOH & SBOH Project

- Review of SBOH rules including certain sections of chapters 246-100 and 246-101 of Washington Administrative Codes
- Convene a panel representing agencies/groups to help the agencies determine recommendations for changes in state statutes (*The Collaborative*)
- Update and identify other policy related issues in addition by the end of 2005

Purposes of the Review/Update

- Increase the proportion of HIV-infected persons who know their HIV status
- Increase the proportion of persons exposed to HIV who are informed of that exposure
- Address the prevention and control of blood borne infections other than HIV

Background: HIV Counseling and Testing

- **Summit:** Ensure rules reflect current knowledge of HIV counseling and testing
- **Summit:** Increase the proportion of at-risk persons with knowledge of their HIV serostatus
- **Study:** Rule changes to decrease barriers to testing and counseling
- **AIDSNET:** Barriers to counseling and testing
- **CDC:** Include HIV testing as a routine part of care

Background: Notification of Sexual and Needle-Sharing Partners of Persons with HIV

- **Summit:** Improve disease control practices (e.g., case finding, partner notification)
- **Study:** Increase mechanisms for interaction and collaboration between care and prevention services
- **AIDSNET:** Identification of barriers to notifying partners at risk of HIV infection
- **CDC:** Assure that requirements related to partner notification are fully met

DOH/SBOH Sought Input Beyond the Reports and Recommendations

In addition to the reports and recommendations noted earlier,

- May of 2003 - 2,000 notices sent to interested persons
- January 2004 - stakeholder meetings were held in Spokane and Tacoma

Proposed WAC Revisions Received Community Review

- Draft 1: Reviewed in July at Stakeholder Meetings (Lacey, Seattle, Spokane, Yakima)
- Draft 2: Reviewed in October at Stakeholder Meetings (Sea-Tac and Spokane)

Presentation to Address Four Major Topics:

- HIV Testing
- HIV Counseling (Pre and Post test)
- HIV Partner Counseling and Referral Services (aka Partner Notification)
- HIV Prevention with HIV-Infected Persons

Presentation Format:

For each major topic area, one or more Rule subjects have been identified

For each Rule subject, we will briefly report on:

- Existing Rule
- Issues Identified
- Recommendations

Topics Outline

HIV Testing

- Consent
- Client Information
- Changes in Testing Technology
- De-linking Counseling and Testing

HIV Counseling (Pre and Post)

Topics Outline (continued)

Partner Counseling and Referral Services (PCRS)

- Responsibility for PCRS
- Record Retention

HIV Prevention with HIV-Infected Persons

HIV Testing: Consent

Existing Rule

- In general, both specific and a separate consent required.
- Form of consent (written or verbal) not specified

Issues Identified

- In many medical settings, need for separate consent is perceived as a barrier
- Specific consent is highly and universally valued
- Many providers believe written consent is required by WAC

HIV Testing: Consent

Recommendations

- Maintain requirement for specific informed consent
- Clarify that consent may be written or verbal
- Consent should be documented

HIV Testing: Client Information

Existing Rule

- Per -209 (1) (c), “Inform in writing or orally any individual planning to be tested for HIV that...”.
- The list increases with level of client risk

Issues Identified

- In many settings, lengthy and prescriptive info giving is a barrier
- Requirements apply to clients regardless of testing frequency
- Requirement to provide info regarding testing is highly valued
- Community support for information on anonymous testing

HIV Testing: Client Information

Recommendations

- Recognizes the different needs of new testers and repeat testers
- Limits required information giving to four critical points
- As appropriate provide information on anonymous testing

HIV Testing: Changes in HIV Testing Technology

Existing Rule

- Approved laboratory tests confirming HIV infection specified in rule
- HIV rapid testing not addressed

Issues Identified

- CDC and the FDA are likely to approve new methods for confirming HIV infection in the future
- HIV rapid testing not addressed in rule

HIV Testing: Changes in HIV Testing Technology

Recommendations

- FDA and CDC approved tests are acceptable to confirm positive test result
- Provide standards for the interpretation and provision of rapid test results

HIV Testing: De-linking Counseling and Testing

Existing Rule

- In general, all persons to be tested for HIV are to receive pre- and post-test counseling

Issues Identified

- Applies to clients regardless of testing frequency and/or purpose
- Requirements are not “client-centered”
- Pre-test counseling only shown efficacy in limited populations
- Perceived as barrier to testing many medical settings

HIV Testing: De-linking Counseling and Testing

Recommendations

- De-links Counseling and Testing
- Client-centered: client can “opt-out” based on client needs.

HIV Pre-test and Post-test Counseling

Existing Rule

- Long list of items to be included in a counseling session with a uniform approach to each client

Issues Identified

- Some providers report difficulty in complying with existing rules
- Only a “client-centered” approach has been shown to be effective
- Some of the prescribed information elements are out of date or now false
- Agreement that counseling is important

HIV Pre-test and Post Test Counseling

Recommendations

- Eliminate the long list of information-giving requirements
- Eliminate out-dated and erroneous information
- Focus on assisting the individual to set goals to reduce risk and provide risk reduction skills-building opportunities
- Provide consistency with CDC counseling recommendations

Partner Counseling and Referral Services (PCRS): Responsibility for PCRS

Existing Rule

- Principal health care provider responsibilities
- Referral of client (or partners) to LHO strictly limited

Issues Identified

- In general, private providers do not have the time and expertise to conduct partner notification activities
- HIV PCRS handled differently than for other STDs or most other communicable diseases
- No standard for PCRS referenced

Partner Counseling and Referral Services (PCRS): Responsibility for PCRS

Recommendations

- LHO has primary responsibility for ensuring PCRS
- Private provider can inform LHO of desire to perform PCRS
- Establishes timeframe for follow-up by LHO
- CDC PCRS guidelines referenced as standard for public and private providers

Partner Counseling and Referral Services (PCRS): PCRS Record Retention

Existing Rule

- PCRS records with identifying information destroyed within 90 days or when notification of partners is complete (earliest date)

Issues Identified

- Some instances when LHO needs such records past 90 days to conclude on-going investigations

Partner Counseling and Referral Services (PCRS): PCRS Record Retention

Recommendations

- LHO allowed to maintain such records past 90 days when the information is necessary to conclude active investigations

HIV Prevention with HIV-Infected Persons

Existing Rule

- Health care providers required to provide instruction regarding communicability of the STD and the need to refrain from acts that may transmit the disease to another

Issues Identified

- Certain STDs cannot be cured, and patients may require further education and reinforcement to assist them from transmitting the infection
- Patients have different needs for this information

HIV Prevention with HIV-Infected Persons

Recommendations

- Continued instruction (as appropriate to the patient) on how the disease is transmitted and the importance of refraining from acts that transmit the disease.



QUESTIONS

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